| alth. | | THE DIVISION OF HEALTH OF MISSOURI | | 59-0 | 59-013856 | |
|-----------------------------|--|---|------------------------------------|--|---|--|
| /elfore | STANDARD CERTIFICATE OF DEATH STATE FILE NUMBER | | | | | |
| blic svice | FILED APR 29 19 Systration Distri | ict No. /60 Pri | mary Registration District No. | | | |
| 00 | 1. PLACE OF DEATH o. COUNTY Jefferson | | a. STATE Miss | (Where deceased lived. If institution Ouri b. COUNTY Jef | n: Residence before admission) | |
| -57 | b. CITY (If outside corporate limits, give TOWN Pevely, Misso | • • • | c. CITY OR TOWN Peve | ly, Missouri | Inside Limits Yes ☐ No 🔀 | |
| | c. FULL NAME OF (If NOT in hospital, giv / HOSPITAL OR Riverside (| e location) Length of stay in 1b Orchard | SO ADDRESS BOX | (If outside, give location) | Reside on Form Yes No 🔀 | |
| | 3. NAME OF DECEASED First (Type or print) | Middle | Last | 4. DATE Month OF | Day Year | |
| | Mary | J <u>.</u> Rh | ives | DEATH 1-19-50 | | |
| | 5. SEX 6. COLOR OF RACE Female / white | 7. MARRIED NEVER MARRIED WIDOWED A DIVORCED | 8. date of Birth Sept. 1. 18 | 9. AGE (In years of UNDER) | YEAR IF UNDER 24 HRS. Bys Hours Min. | |
| | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and at | ate Er country) 12. CITIZE | N OF WHAT COUNTRY? | |
| | Housewife | OWN | Fletcher, Mo | | | |
| | 13m FATHER'S NAME Godfrev De Clae | 13b. MOTHER'S MAIDEN NA | _ | 14. NAME OF HUSBAND OR WIFE | | |
| BLE | 15. WAS DECEASED EVER IN U. S. ARMED FORCES | Nahcy J. M | 17. INFORMANT | Address | · · · · · · · · · · · · · · · · · · · | |
| POSSIB | (Yes, no, or unknown) (If yes, give war or dates of ser | | Jane/Wilson | | us. Mo | |
| TYPEWRITE IF | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), DUE TO (b) | | | | | |
| elated. OR RIBBON | PART II. OTHER SIGNIFICANT CONDIT | IONS CONTRIBUTING TO DEATH but | not related to the terminal dissec | te condition given in PART I (a) | 19. WAS AUTOPSY PERFORMED? ☐ YES ☐ NO ☑ | |
| IN X | 200. ACCIDENT SUICIDE HOMICIDE | 205. DESCRIBE HOW INJURY OCC | URRED. (Enter nature of inj | ury in PART I or PART II of item] | 3.) | |
| if be cause Y BLACK | 20c. TIME OF Hour Month, Day, Year | | | | | |
| in Part I must USE ONL.Y | 20d. INJURY OCCURRED 20e. PLA | CE OF INJURY (e.g., in or about home factory, street, office bldg., etc.) | Levels, OR LO | COUNTY COUNTY | STATE | |
| 5 | 21. I attended the deceased from | 957 104/ | 19/57 and 19/1 | sow 1 alive on 4/19/ | 58 | |
| *** | 21. I attended the deceased from | | | | | |
| Ali diseoses | 22a. SIGNATURE | Oderec or tiple) | 224 ADORESS | al Mu | 1/21/29 | |
| | 23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) | 23c. NAME OF CEMETERY OR | CREMATORY 234. | LOCATION (City, town, or county) | (State) | |
| 5. | Burial 4-22-59 Calvary De Sato, Missouri | | | | | |
| | 24. FUNERAL DIRECTOR ADDRESS 25. DATE PECD. BY LOCAL REG 26. REGISTRAR'S SIGNATURE 26. REGISTRAR'S SIGNATURE | | | | | |
| Ų | FOLLOW No IVII HAR VINE | (Licensed Embalmer's Sta | stement on Reverse Side) | | <u> </u> | |
| | | | | • | | |

Licensed Embalmer No.

STATEMENT BY LICENSED EMBALMER

| I hereby certify that the body whose name is re | ecorded on the reverse side of this certificate was embalme |
|---|---|
| by me, or by | , Student Embalmer No |
| working under my personal supervision. | |
| Student | Signed Signed Polit |

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. - If this body is not embalmed, fact should be so stated above.